

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2	1					
3						
4						
5						
6						
7						
8	1					
9						
10						
11						
12						
13						
14	1	1				
15	4					
16	5					
17	4					
18	10					
19	10					
20						
21						
22	0					
23	1					
24	1					
25	0					
26						
27	1					
28	1					
29	1					
30	1					
31	1					
32	1					
33	1					
34	1					
35	1					
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	9					
TOTAL DEP.	3	7				
TOTAL CLAIMS	4	10				

19	25	440	100
TOTAL IND.			
TOTAL DEP.			
TOTAL CLAIMS			